

Sorkin Dermatology Associates PLLC

Patient Financial Policy

In order to reduce confusion and misunderstanding between our patients and the practice, we have adopted the following financial policies. If you have any questions about the policy, please discuss them with a member of our management team.

Please understand that payment is expected for services rendered. Please read, sign and date the reverse side of this policy prior to treatment.

For your convenience, our practice accepts Visa, MasterCard, Discover, Cash and Personal Checks.

Insurance

We have made prior arrangements with most insurance plans to accept assignment of benefits. However, we do require that all co-payments, co-insurance and deductibles be paid at the time of service.

Your insurance policy is a contract between you and your insurance carrier. You are responsible for providing our practice with the correct insurance information at the time of service or you may be responsible for the charges in full. Should your insurance company fail to pay the insurance claim for services rendered by Sorkin Dermatology Associates PLLC, you may be responsible for the entire charges submitted to the insurance carrier. Therefore, we recommend that you follow-up with the insurance carrier if your claim has not been paid within 30 days from the date the services were rendered.

It is your responsibility:

1. To be familiar with your insurance coverage, benefits and rules.
2. To notify our office of any insurance changes prior to the time of the visit.
3. To bring your insurance cards to each visit.
4. To obtain a referral from your primary care physician if your insurance plans require one. If you do not have the required referral, you may either be required to pay the full fee at the time of your visit or reschedule your visit.

Co-insurance and any balances that remain the responsibility of the patient, according to the insurance carrier terms, should be remitted to the practice upon notice of the balance due statement. Failure to remit payment may result in the patient's account being referred to an outside collection agency. If in the event your account is referred to an outside collection agency you will be financially responsible for all cost associated with collection activities. A monthly billing fee of \$5.00 will be assessed on all accounts not paid within 60 days of notification from your insurance carrier of a patient owed balance.

Identification

All patients (or adults accompanying minor patients) will be required to provide a photo ID prior to service being provided. A copy of your identification will be made and maintained in the patient record. Your insurance card is not a valid identification item.

Non-Insured Patients

Patients that are not covered by an insurance plan are responsible for services rendered at the time of service. For those patient's that are unable to pay for services in full, a minimum of 50% of the charges are due at the time of service. Payment for any remaining balance is payable within 30 days of the date of service. Failure to remit payment may result in the

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patient's account being referred to an outside collection agency. Any fees assessed by the collection agency will become the financial responsibility of the patient.

Motor vehicle accident claims

Auto-related injury patients are responsible for payment of their balance at the time services are rendered. Any legal action must remain between you and your attorney.

Minor Patients

For all services provided to a minor patient, we will look to the adult accompanying the patient and the parent or guardian with custody for payment. The accompanying adult must provide a photo identification.

Missed Appointments

Please help us serve you better by keeping scheduled appointments. In the event you are unable to keep your appointment, please kindly give a 24 hour notice. Failure to provide 24 hour notice of cancellation will result in a \$25 missed appointment charge. This charge is the responsibility of the patient and will not be submitted to any insurance carrier.

Prompt Payment

Colorado State law requires insurance carriers doing business in the state to pay clean claims within -45- days. If your insurance carrier does not pay Sorkin Dermatology Associates PLLC within 60 days, you will be held responsible for payment. Please maintain communication with your insurance carrier to ensure your provider is properly reimbursed.

Returned Checks

There will be a \$35.00 fee assessed to your account for any check returned to our bank as unable to process for any reason.

Forms

Disability, Life Insurance and other forms are often requested to be completed by the practice. Many of the forms require review by the physicians and completion of detailed medical history questionnaires. Please allow 3 -5 days for completion of any requested forms. The charge for this service is \$25.00 payable at the time the forms are submitted to our office.

Acknowledgment

I have read and agree to abide by the financial policy of Sorkin Dermatology Associates PLLC. Any questions I may have were answered to my satisfaction.

(Please print Name of Patient)

(Signature of patient or
accompanying adult)

(Please Print Name of
Accompanying Adult)

(Today's Date)